Clinical Updates for Nurse Practitioners and Physician Assistants: 2017

Activity Evaluation Summary

CME Activity: Clinical Updates for Nurse Practitioners and Physician Assistants
Saturday, September 16, 2017
Renaissance Orlando Airport
Orlando, FL

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Date of Evaluation Summary: September 29, 2017

NACE NATIONAL ASSOCIATION FOR CONTINUING EDUCATION

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In September 2017, the National Association for Continuing Education (NACE) sponsored a live CME activity, **Clinical Updates for Nurse Practitioners and Physician Assistants: 2017**, in Orlando, FL.

This educational activity was designed to provide nurse practitioners and physician assistants the opportunity to learn about diagnosis and management of patients with varied conditions such as Hyperlipidemia, Heart Failure, PAH, Diabetes on Insulin therapy, Hepatitis B and ADHD.

In planning this CME activity, the NACE performed a needs assessment. A literature search was conducted, national guidelines were reviewed, survey data was analyzed, and experts in each therapeutic area were consulted to determine gaps in practitioner knowledge, competence or performance.

Three hundred and sixty two healthcare practitioners registered to attend Clinical Updates for Nurse Practitioners and Physician Assistants: 2017 in Orlando, FL. One hundred and forty eight healthcare practitioners actually participated in the conference. Each attendee was asked to complete and return an activity evaluation form prior to the end of the conference. One hundred and forty eight completed forms were received. The data collected is displayed in this report.

CME ACCREDITATION

The Association of Black Cardiologists, Inc. is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The Association of Black Cardiologists, Inc. designates this educational activity for a maximum of 2.25 *AMA PRA Category 1 Credit*™ . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The National Association for Continuing Education is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The National Association for Continuing Education designates this live activity for a maximum of 4.75 *AMA PRA Category 1 Credits*™ . Physicians should claim only the credit commensurate with the extent of their participation in the activity.

National Association for Continuing Education is approved as a provider of nurse practitioner continuing education by the American Association of Nurse Practitioners. AANP Provider Number 121222. This program has been approved for 7 contact hours of continuing education (which includes 3.00 pharmacology hours).

AAPA accepts certificates of participation for educational activities certified for *AMA PRA Category 1 Credit*™ from organizations accredited by ACCME or a recognized state medical society. PAs may receive a maximum of 7 Category 1 credits for completing this activity.

Integrated Item Analysis Report

What is your professional degree?

Response	Frequency	Percent	Mean: 1.44
NP	108	72.97	
PA	22	14.86	
RN	3	2.03	
MD	12	8.11	
DO	0	0.00	
Other	0	0.00	
No Response	3	2.03	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Hyperlipidemia:

Response	Frequency	Percent	Mean: 4.71
None	16	10.81	
1-5	16	10.81	
6-10	10	6.76	
11-15	18	12.16	
16-20	28	18.92	
21-25	11	7.43	
> 25	48	32.43	
No Response	1	0.68	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Heart Failure:

Response	Frequency	Percent	Mean: 3.22
None	28	18.92	
1-5	31	20.95	
6-10	33	22.30	
11-15	20	13.51	
16-20	17	11.49	
21-25	6	4.05	
> 25	12	8.11	
No Response	1	0.68	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: PAH:

Response	Frequency	Percent	Mean: 2.67
None	41	27.70	
0-1	32	21.62	
2-3	34	22.97	
4-7	15	10.14	
8-10	14	9.46	
>10	4	2.70	
>15	3	2.03	
No Response	5	3.38	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Diabetes on Insulin Therapy:

Response	Frequency	Percent	Mean: 4.19
None	14	9.46	
1-5	24	16.22	
6-10	19	12.84	
11-15	22	14.86	
16-20	23	15.54	
21-25	13	8.78	
>25	29	19.59	
No Response	4	2.70	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: Hepatitis B:

Response	Frequency	Percent	Mean: 2.41
None	42	28.38	
0-1	43	29.05	
2-3	28	18.92	
4-7	20	13.51	
8-10	5	3.38	
>10	3	2.03	
>15	1	0.68	
No Response	6	4.05	

Indicate the number of patients you see each week in a clinical setting regarding each therapeutic area listed: ADHD:

Response	Frequency	Percent	Mean: 2.33
None	41	27.70	
1-5	53	35.81	
6-10	22	14.86	
11-15	15	10.14	
16-20	4	2.70	
21-25	2	1.35	
> 25	3	2.03	
No Response	8	5.41	

Upon completion of this activity, I can now: Review current recommendations for the use of non-statin therapies in the management of dyslipidemia; Explain the role of anti-PCSK9 monoclonal antibody therapy in LDL-C reduction to achieve cardiovascular risk reduction; Describe the findings from recent trials of dyslipidemia treatments on cardiovascular outcomes; Integrate new data into treatment strategies for further improving cardiovascular outcomes in the highest risk patients.

Response	Frequency	Percent	Mean: 1.05
Yes	138	93.24	
Somewhat	8	5.41	
Not at all	0	0.00	
No Response	2	1.35	

Upon completion of this activity, I can now: Recognize the different phenotypic presentations of HF; Identify predictors of poor outcomes in HF; Discuss the role of new therapies in the management of chronic HF according to the latest ACC/AHA/HFSA/ADA guidelines; Recognize strategies to reduce hospitalization for HF.

Response	Frequency	Percent	Mean: 1.08
Yes	134	90.54	
Somewhat	12	8.11	
Not at all	0	0.00	
No Response	2	1.35	

Upon completion of this activity, I can now: Discuss the pathophysiology of pulmonary arterial hypertension (PAH); Recognize signs and symptoms suggestive of PAH and the appropriate diagnostic strategy; Describe how to monitor patients with PAH for disease progression; Review current and emerging treatments for patients with PAH.

Response	Frequency	Percent	Mean: 1.22
Yes	114	77.03	
Somewhat	30	20.27	
Not at all	1	0.68	
No Response	3	2.03	

Upon completion of this activity, I can now: Describe the role of insulin therapy in patients with T2DM not meeting glycemic goals; Discuss the need for concentrated insulins in T2DM management; Discuss the pharmacokinetic/pharmacodynamic profiles and other considerations for the use of concentrated insulin preparations; Recognize the need for counseling patients about concentrated insulins to minimize dosing errors.

Response	Frequency	Percent	Mean: 1.10
Yes	130	87.84	
Somewhat	14	9.46	
Not at all	0	0.00	
No Response	4	2.70	

Upon completion of this activity, I can now: Identify USPSTF-defined HBV endemic areas to more effectively identify first- and second-generation immigrant populations that should be screened for HBV; Develop effective plans to overcome culture-specific barriers to screening your patient populations; Evaluate patient cases to identify when to screen patients and how to refer to specialist care for treatment; Describe current treatment guidelines and newly available HBV therapies; Discuss the importance of early screening and treatment in specific patient populations, including pregnant and postpartum women.

Response	Frequency	Percent	Mean: 1.11
Yes	120	81.08	
Somewhat	12	8.11	
Not at all	1	0.68	
No Response	15	10.14	

Upon completion of this activity, I can now: Recognize the pervasive nature of ADHD symptoms throughout the day; Describe the physical and psychologic morbidity and mortality associated with ADHD; Use adult ADHD assessment and treatment tools to measure residual symptoms and optimize outcomes; Implement pharmacologic treatment to optimize symptom control throughout the day.

Response	Frequency	Percent	Mean: 1.09
Yes	110	74.32	
Somewhat	11	7.43	
Not at all	0	0.00	
No Response	27	18.24	

Overall, this was an excellent CME activity:

Response	Frequency	Percent	Mean: 1.18
Strongly Agree	119	80.41	
Agree	26	17.57	
Neutral	0	0.00	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	3	2.03	

Overall, this activity was effective in improving my knowledge in the content areas presented:

Response	Frequency	Percent	Mean: 1.19
Strongly Agree	118	79.73	
Agree	26	17.57	
Neutral	1	0.68	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	3	2.03	

As a result of this activity, I have learned new and useful strategies for patient care:

Response	Frequency	Percent	Mean: 1.21
Strongly Agree	117	79.05	
Agree	26	17.57	
Neutral	2	1.35	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	3	2.03	

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
Role of PCSK9 therapy in reducing LDL. Role of insulin therapy in patients who don't achieve goals
Improve use of insulin education patients and providers. Improve use of statins. Screen patients for Hepatitis B
Best education for my patients
Applying guidelines for lipid and CHF. Screening for HBV
Introducing new guideline management therapy pending clinical situation. I learned better lab work with Aldeosleron receptor drugs if new introduced. Resistant patients education. Initiate therapy for primary prevention
Reviewing CV risk/assist - added apps to iPhone. Consider using Sacubitril/Valsartan more often for HF patients
Learned a lot about new guidelines for HLD and newer meds. KNow to order Echo if suspect pulm HTN and if shows pulm HTN send to specialist for right heart cath. How to have effective dialogue with patients about their diabetes and meds
Review insulins used. Screen more for HBV tighter controls of lipid panels. Recognize PAF and know how to treat HF better. Refer to psych for ADHD
Prevention is #1 importance and should treat. Refreshed on guidelines and risks. Learned new strategies to treat
AHA/ACC current guideline recommendations. PAH - need change auth. Utilize concentrated insulin to achieve goals
Screen for Hep B risk via endemic areas. Use screening scales to diagnose ADHD. Consider refer for mono-clonal Ab treatment/PCSK9 inhibitor
Review recommendations for each topic discussed
Adding multiple drug therapies. Patient compliance
Medication therapies much clearer with evidence-based guidelines
Evaluating the patient's need and proper use of medications. Evaluating the patient's need for appropriate testing
Use all available meds for HF as per ACA. Use risk calculators on all my patients

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
Modification of risk factors is an important strategy against heart disease. A team-based collaborative approach is essential in patient with heart failure. Investigate causes of dyspnea fullness. Screen patients for HBV from endemic areas
Increased awareness of anti-lipid treatment options. Will encourage patients to address heart failure and consider new medication options
Better risk assessment. Goal directed therapies. Increase screening for HTN. Hep B screening
Strategies - medication compliance
Use ARNI for HF. Use PCSK9 for hyperlipidemia
Educate patients about insulin therapy and reduce stigma and fears associated with it. Tighter control on cholesterol as lower LDL as low as 25 - ideal to prevent CV issues
Improved management of high risk patient with hyperlipidemia and CV risk. Better HTN control as a modifiable risk of heart failure. Better assessment of patients with unexplained dyspnea for early diagnosis of PAH. Initiation of concentrated insulin in T2DM. Screen for Hep B to all new patients coming from areas with high prevalence/endemic areas. Assessment for ADHD in adults with the ASRS - symptom checklist
Introduction of concentrated insulin and PCSK-9 if applicable. More informed for a discussion on CHF, DM, hyperlipidemia, HBV, and ADHD
Aggressively treating LDL goal. I now know signs and symptoms of pulmonary arterial hypertension. I now know when to consider long acting insulin
More aggressive treatment of lipids and glucose. More consideration of HBV as an issue - screen
Unfortunately, many drugs discussed today are only available for specialists - practice site versus primary care VA
Managing lipids effect, when to change statin. Insulin application. Testing for HBV in certain population. Treatment for HF. Treatment for PAH
Stop using digoxin in heart failure. Test all unscreened patients from endemic areas for HBV. Start concentrated insulins earlier. Continue metformin
Will use ASCVD risk calculator. Changes to conc insulin when indicated
Improved patient screening, compliance monitoring with current guidelines
Use of anti-PCSK9. Add basal insulin for Type II DM sooner than later. Screen HBV in patients from endemic areas
ASCVD risk assessment. HF assessment - recommended meds/treatment. Consider earlier treatment with concentrated insulin. Consider potential for HBV infection in select patient population
Medication management for DM, ADHD, Hep B
As providers, we have to make sure to keep our minds open. Don't be so narrow-minded when it comes to symptoms. Have a wide-range of differential diagnoses so what you order proper tests/labs to get the right diagnosis
Good medication management, diagnostic studies, patient education
Use ASCVD risk factor estimator. Follow guideline therapy for HF patients. Initiate insulin therapy earlier as indicated
Insulin therapy for DM. Other options for CVD, PCSK9 therapies, screening for HBV
As a wound specialist: BLE Edema/diuretics - empower me to look at meds and recommend changes to PCP
Consider PCSK9 when not at LDL goal in high risk patients. Use concentrated insulin for better control. Screen immigrants for HBV
How to calculate cardiovascular risk when deciding on LDL goal/statin therapy. Not to diagnose PAH until heart cath performed. Optimize medical management for treatment of HF. Switching basal insulin to a higher concentration/same amount of united allow for less variability in BG, better control. How to discuss importance of discussing Hep B screening with patients from high risk areas. I will utilize rating calculators to optimize/initiate treatment for ADHD
New ACE guideline for LDL. About the monochronal and how it actually helps. About meds like Fourier and Oppoxsy
ACCAHA and LDH-L under 55. Patient need C cath prior to treatment PAH. DM screening 45. HBV can get liver transplant
I know when to initiate PCSK-9 therapy
High risk CV patients need as low as possible LDL, less than 70. The lower the better
HF management

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
Optimize early detection and treatment of individuals at risk for CAD and CHF. Increase screening of high risk groups of patients for HBV. Improve treatments and clinical outcomes for patients with DM
Diabetic treatment, ways to approach. Lipid treatment
Improved treatment of CHF, HLD, and T2DM. Improved screening strategies for Hep B
Calculate risk factors
Using anti-PCSK9
Integrate new data to improve cardiovascular risk, PAH, resistant patients, discuss importance HBV infection
Screening/recognition, choice of med, treatment
Importance of using/following current guidelines and evaluating risks for each patient. Exploring causes of SOB, ruling out PE, PRA, asthma, etc. and recognizing risk factors for PAH. Hep B screening guidelines, ADHD screening for adults
Add spironolactone in HF patients and Sacubitril/Valsartan. PAH evaluation (Echo, meds)
Use current evidence guidelines in treating patients. Use tool guidelines in assessing CVD risk and discuss during patient visit/encounter. Immediate referral for diagnostic testing for patients suspected with PAH. Consider new med management
Use new strategies of insulin-contraindicated
Use of high potency insulin. Screen for Hep B
Apply guidelines in treating patients
Monitor diabetes more diligently. Monitor LDL levels more diligently
Closer adherence to guidelines
After starting Aldactone, patients will get a lab order for BMP in 5 days. Consider using Entresto for Class III patients with HF. Consistent education!
Correct guidelines for treatment of hyperlipidemia and heart failure
How to manage patients with PAH, diabetes, and the possible treatments available
Do better screening to my patient in Diabetes, HTN, HF. Inflow patient with risk more frequently. Educate patient to prevent exacerbated conditions and avoid hospitalization
Different options for treatment for conditions that are more difficult to treat. Able to identify uncommon conditions
Adding nonstatin treatment for very high risk ASCVD patients. Guidelines in treating HF including new agents
Incorporating newer therapies in HF, PAH. Raised awareness of PAH and will implement changes. Use ADHD tools for more effective screening
Will follow recently learned objectives
Screening at risk populations for Hep B. Follow guidelines for HF
New therapeutic management strategies
Use of non statins to control hyperlipidemia. Always assess patients with high risks of CV diseases. Treating hypertension early even when patient feels good to avoid HF. Identify different forms of pulmonary hypertension. Use of high concentrated insulin to achieve better control of T2DM. Perform questionnaire test more often to diagnose ADHD. Screen more patients from high incidence of HBV countries
More cognizant of factors and how to address "noncompliance"
Patient education when initiating and maintaining insulin therapy. Develop plan to address with patients which symptoms of pulmonary arterial hypertension would warrant further investigation
Consider basal insulin earlier with patients with DM
HF, hyperlipidemia evaluation and testing
More lipid screening for DM patients
A practice of insulin initiation
Be aggressive in treating high LDL cholesterol in CAD, CSA. Hydralazine and nitritos in blacks with CHF. Insulin to be considered in high A1C patients, symptomatic for short time at least. Hep B - mother to child transmission
Utilize ACUS risk factor (ASCVD). More patient education. Team-based approach/collaboration with other providers

As a result of this activity, I have learned new strategies for patient care. List these strategies:

Response
Caring for patients in a free clinic. Primarily orthopedics in the past. This was a good primer for me to care for these patients
Update on current evidence-based t4 to guide patient care. Increase suspicion for PAH in patient with SOB. Consider concentrated insulin when practicing again
New guideline lipids. More information MABS. Consider long acting insulin. Use of ADHD screening tool
Increase use of PCSK9 and evaluate patient risk. Increase use of colo-dry. Evaluate suspicion of PAH. Consider U300/U500 insulins/increase knowledge of Hep B
Strategies to reduce cardiovascular risk. Strategies for treating pulmonary hypertension. Use of non-statin therapies
New recommendations/evidence to manage hyperlipidemia. Risk factor of CVD. High risk patient with HF. SBP shouldn't be under 130. New guideline to manage HF. Stepwise to use concentrate injectable insulin
Ask the right questions. Review socioeconomic status before Rx meds. Screen all HBSAG positive patient with the APRI score
Recognize early treatment in heart disease. Treating the insulin resistant patients. Early treatment with screening of ADHD
Using evidence-based guidelines
Lipid management
Case study presentation (in depth assessment). Early identification and screening disease. Early referral
ASCVD risk calculator. GMWD, troponin readmission marker. Consider concentrated insulin to stabilize blood sugars. Referral for PAH to PA specialist. Utilize CDC multilanguage patient education for HBV. Let patients know there are 5 types of PAH and need to figure out which one. Refer for right heart atra. Check BMP within a week for ACEI and aldosterone. Look at JVD. Try to measure. Look at scale HBV app
More screening for Hep B. More use of SGLT2 meds and longer insulin Tresiba. More aggressive with LDL goals/statins use. More thorough evaluation of dyspnea complaints and evaluations for Pulm HTN
Hyperlipidemia, new LDL <55. We try Repotha more so to present ischemic better understood besides insulin usage U300/U500 to be used. HF medication usage of anti. Treatment with spirmolacton or Eperone
Risks assessment frequently. More aggressive in treatment with high risk group
Patient with HF - 3 days stenting on skironolectone should return with BMP lab report to evaluate potassium level
I've learned the benefit of also using spironolactone and also the contraindicated meds in HF. I've also never known the benefits of Ivabradine until today. Also, prior to this, I didn't know much about PAH, so Ms. Wilson provided excellent information and advice

How likely are you to implement these new strategies in your practice?

Response	Frequency	Percent	Mean: 1.32
Very likely	116	78.38	
Somewhat likely	19	12.84	
Unlikely	2	1.35	
Not applicable	8	5.41	
No Response	3	2.03	

When do you intend to implement these new strategies into your practice?

Response	Frequency	Percent	Mean: 1.44
Within 1 month	113	76.35	
1-3 months	10	6.76	
4-6 months	5	3.38	
Not applicable	14	9.46	
No Response	6	4.05	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Keith Ferdinand, MD, FACC - Lipids:

Response	Frequency	Percent	Mean: 4.99
Excellent	146	98.65	
Very Good	1	0.68	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	1	0.68	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Keith Ferdinand, MD, FACC - Heart Failure:

Response	Frequency	Percent	Mean: 4.99
Excellent	144	97.30	
Very Good	2	1.35	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	2	1.35	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Melisa Wilson, ARNP - PAH:

Response	Frequency	Percent	Mean: 4.63
Excellent	102	68.92	
Very Good	29	19.59	
Good	10	6.76	
Fair	1	0.68	
Unsatisfactory	0	0.00	
No Response	6	4.05	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Lucia M. Novak, MSN, ANP-BC - Diabetes:

Response	Frequency	Percent	Mean: 4.92
Excellent	132	89.19	
Very Good	10	6.76	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	3.38	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Kaylan Ram Bhamidimarri, MD - Hepatitis B:

Response	Frequency	Percent	Mean: 4.85
Excellent	117	79.05	
Very Good	18	12.16	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	12	8.11	

In terms of delivery of the presentation, please rate the effectiveness of the speaker: Birgit Amann, MD, PLLC - ADHD:

Response	Frequency	Percent	Mean: 4.90
Excellent	104	70.27	
Very Good	12	8.11	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	32	21.62	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Keith Ferdinand, MD, FACC - Lipids:

Response	Frequency	Percent	Mean: 4.96
Excellent	139	93.92	
Very Good	6	4.05	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.03	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Keith Ferdinand, MD, FACC - Heart Failure:

Response	Frequency	Percent	Mean: 4.96
Excellent	139	93.92	
Very Good	6	4.05	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	3	2.03	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Melisa Wilson, ARNP - PAH:

Response	Frequency	Percent	Mean: 4.85
Excellent	125	84.46	
Very Good	13	8.78	
Good	3	2.03	
Fair	1	0.68	
Unsatisfactory	0	0.00	
No Response	6	4.05	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Lucia M. Novak, MSN, ANP-BC - Diabetes:

Response	Frequency	Percent	Mean: 4.91
Excellent	132	89.19	
Very Good	9	6.08	
Good	2	1.35	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	5	3.38	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Kaylan Ram Bhamidimarri, MD - Hepatitis B:

Response	Frequency	Percent	Mean: 4.89
Excellent	121	81.76	
Very Good	13	8.78	
Good	1	0.68	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	13	8.78	

To what degree do you believe that the subject matter was presented fair, balanced, and free of commercial bias? Birgit Amann, MD, PLLC - ADHD:

Response	Frequency	Percent	Mean: 4.90
Excellent	112	75.68	
Very Good	12	8.11	
Good	0	0.00	
Fair	0	0.00	
Unsatisfactory	0	0.00	
No Response	24	16.22	

Which statement(s) best reflects your reasons for participating in this activity:

Response	Frequency	Percent	Mean: -
Topics covered	109	73.65	
Location/ease of access	106	71.62	
Faculty	30	20.27	
Earn CME credits	109	73.65	
No Response	5	3.38	

Future CME activities concerning this subject matter are necessary:

Response	Frequency	Percent	Mean: 1.43
Strongly agree	90	60.81	
Agree	44	29.73	
Neutral	9	6.08	
Disagree	0	0.00	
Strongly Disagree	0	0.00	
No Response	5	3.38	

What topics would you like to see offered as CME activities in the future?

Response
Sexually transmitted infections, GYN diseases
C. difficile, fecal implant
Migraine, sleep disorder
Thyroid disease. Lab interpretations. Obesity in children
Derm topics. NASH. Testosterone replacement. Anxiety management - non Benzo. C Diff in community or general infectious disease
A Fib. Anticoagulant, PAD, PVD, AAA, Ryannod Disease
A Fib updates. Alzheimer's management and how compared/differs from other forms of Dementia and diagnosis of these. COPD - guidelines and management and newer meds
More on diabetes and HTN. Depression and psych diagnosis scan in Primary Care
More pharmacy CME's. There are so many medications out there I need to be refreshed constantly especially the newer meds
Dermatology in Primary Care
IBD, chronic/acute low back pain

What topics would you like to see offered as CME activities in the future?

Response
Cardiac, more heart failure, loved Dr. Ferdinand
COPD
HIV, STDs, Gynecology in Primary Care
Migraine, menopause
Treatment of chronic Hepatitis C, treatment of seizure disorder. Treatment of Rheumatoid Arthritis
Eating disorders - management of the patient
HIV - updates on therapy. Newer cancer screening guidelines
Derm, Primary Care, role in cancer
HTN, COPD, prostate, Dementias, Parkinson's Disease
Arthritis
Depression, Bipolar, Mental Illness. More extensive time on insulin calculation, titration. Incorporating technology into practice - helpful apps, useful practitioner, patient resources, etc.
Women's Health - CTX, BV, refractory yeast infections, STD's. Hypertension, antibiotics, ENT
HTN, renal failure, PTSD, multiple sclerosis, more diabetes
STD's for Primary Care. Derm - basic rash identification. Basic ortho exam for PCP. Use of respiratory meds/asthma, COPD management for PCP. Radiology topics = when to use order which test EKG interpretation
PTSD. Anxiety disorder
Neurology
Hepatitis C. Depression. Adjustment disorder with anxiety/depressed mood
Diabetes treatments
Dermatology and Gastroenterology (not Hepatology)
New drugs out, asthma
Women's Health, Infectious Disease
Dermatology for Primary Care
DM/insulin only conference
Reinforcement
DFU. HBOT. Treatment of wounds/ulcers
Hypothyroidism, skin disorders, rashes, polymyalgia rheumatica
Surgery, critical care, neurosurgery, neurology, hospital medicine, osteoporosis
PFT, Insomnia, Depression, Bipolar disorder
Renal disease, pancreatic cancer, pancreatitis, H/A
Hormone replacement for post menopausal women
Migraines and headache treatment. App of IgG MAb, in DZ, Lupus, autoimmune disease
Chronic kidney disease, Dermatology
MAB drugs
Anxiety disorders, depression, pain Rx and addiction
Treatment of GERD/asthma. Abdominal pain identification, syncope in Primary Care, when to send what to do
More on DM management
Pulmonary disorders
Fatty Liver Disease
Confirming update!
CVA, TIA, seizures, PAD, venous disease
Diabetes treatment/insulin. CHF. Diastolic and systolic. AFib
Vascular guidelines in PAD. Carotid disease, wounds, MI, AKI, DUT, AFib
Psoriasis. Pharmacology for anticoagulants therapy thrombolytics
Autoimmune diseases. Neurologic disorders

What topics would you like to see offered as CME activities in the future?

Response
COPD
Yes
Renal failure and CHF. Dermatology. Anemia
Ones with Pharm CMEs
Cardiomyopathies and treatment. AFib. STEMI. EKG readings. Dermatology
Neuro disorders. Rheumatology, endocrinology
GI diseases/Hematologic disorders/Pediatrics/Gynecologist/General Surgery principles
COPD, insulin/DM treatment
Dermatology
Reading eft's, AMI, DLCs
Atrial Fib
Thyroid, HTN
MS, MG
Urgent Care - conference. EKG-12 lead interpretation. Procedures - I/D, nail removal, paranochoice
Responses via my cell phone more interactive that way instead of a keypad given to us
Chronic kidney diseases. Breast cancer. Multiple Sclerosis. Autoimmune/Diseases
Hypertension, Depression, sleep disorders - insomnia
Insulin needs more time. Hep B needs more time. Thyroid; OSA updates, treatments
Cancer screening, tackling sexually transmitted disease in Primary Care
DM, HTN, Asthma, COPD, etc.
Osteoporosis/EKG
Hypothyroidism
I like more topics on cardiac e.g. reading Echo, reading EXR and CT scan
Endocrine focused
Women's Health
Common Derm conditions
Treatment of STD's and Dermatologic disorders
Neurology, seizures. Hep C
Coronary artery disease, COPD, asthma
Psychopharmacology and Psychotherapy
Renal failure, arthritis
Rheumatology, Neurology, Endocrinology
Need more time on insulin therapy, HTN
Concentrated insulin use by Lucia Novak - longer time
DM, HTN
T2DM. HFpEF. Hep C. Excellent topics/speakers
Dermatology in Primary Care
Mental health, Dermatitis, substance use disorders
Simple Procedures
Endocrinology
Hep C management. Infectious Disease issues
Gyn, GU
Diabetes, weight management, STD , medical THC
HTN, DM type II management, Adrenal disease
OPen for any topic

What topics would you like to see offered as CME activities in the future?

Response
Neuromodulation devices for back pain

Additional comments:

Response
Better technical support was needed and a better lunch routine was needed
Great faculty. Thanks
Good topics. Thanks
Hotel was gorgeous and I appreciated the free parking pass. I truly learned a lot. I will be better prepared to care for my patients
I really enjoyed the lectures! First time attempting and was very impressed! All speakers were very knowledgeable and enjoyable
A little too long - hard to maintain focused attention throughout
Wonderful speakers! Well organized; appreciate the pre and post tests. Thank you!
Very nice presentation, great speakers, excellent information. Good HBV review, but I would need to sit through this again and need handouts to increase my confidence. That said, I learned a lot of a subject outside my current patient population. Very good speaker
I really enjoyed these topics and speakers. I also liked that we could interact by answering the questions
Lucia Novak is very entertaining as a speaker. Hep B - importance of screening was well covered. Thank you for having multiple speakers
Loved the sound track. Enjoyed clinic pearls and info on how to understand the clinical trials
Very good conference
Excellent presentations. Very informative
Great, thanks!
This was a very informative lecture series
Actually liked the video example in HBV talk
Need to do something different with lunch - understand did not want to pre-order for conference 2/2? Non show because of post hurricane
Provide lunch would be nice, but grateful for free conference. Speakers were awesome
To use more effective pattern on serving lunch
Great conference
Great CME activity!
Very informative and well needed conference
The internet/wifi connection was AWFUL. Was very inconvenient as I downloaded the program to my computer. Please ensure wifi is strong and not spotty for these conferences. Thank you
Overall excellent conference
Thank you for the conference and thank you to the presenters. My only suggestion is if the conference is geared toward mostly Primary Care, can the speakers provide Primary Care management and when to refer to specialists. Though I appreciate how the specialist will care for them, we as PC clinicians will not be managing that aspect of their care (more than likely) or will not initiate that therapy
Great speakers! Very informative and easy to understand for advanced practitioners unfamiliar with presented topics
Overall the lectures were very interactive and explained nicely and clearly. Excellent
Very informative lectures with the presentation of applicable strategies to improve patient care
Lucia excellent speaker/amazing funny
Nice free lunch appreciated, poor coordinating for lunch
Great conference - lunch hour was disappointing
Excellent job!
It's great it was a free program. Thanks

Additional comments:

Response
Better ITech. Thank you
Be more specific on Hepatitis screening
Problems with lunchtime meal, excellent presentations
Thanks for offering this education and updates for us without any fees. Thanks for taking the time to put this conference together. Appreciate your commitment to keep us well informed about new guidelines
Well organized, informative
Great topics. Great speakers. Great location/facility. Thank you!
Lucia - wonderful! Should recommend audience bring device to utilize slide deck during programming. Difficult to take notes as no paper was provided
Thank you for everything. This was my first NACE conference
Thanks very much I enjoy the activities and I consider they will be very helpful in my future clinical practice
Excellent course. Very informative
Separate insulin conference or longer session. Hepatitis C diagnosis and treatment updates
Loved the music. Helps a lot!
Great speakers and very interesting topics for CME
The process for paying for and picking up meals was not efficient. For PAH, ADHD, and most HBV, will refer out
Really enjoyed Ms. Wilson's PAH talk - what I needed to know regarding symptoms, testing, treatment. Have been to several PAH talks and none of those as patient centered as this was
More chronic medical problems managed by Primary Care, it is interesting what the specialists do, but not pertinent for the Primary Care providers in the audience
IT team should keep talking to each other to a minimum. More organized lunch break. Hotel charged $3.00 convenience fee and had to wait over 45 minutes in line to get food, cold! I know that is not under organizer control, but nonetheless uncalled for.) I called 1-800 number and was told would get packet during conference, but was not so
Great topics and speakers. Thank you!
Waiting for ordered food was very long time. If you could arrange food for cost effective, will be better
AV staff talked during presentations. More organized lunch break (not your fault). Hotel charged $3.00 service charge for meals!
Thank you!
Short talks and more interval time
Very disappointed with faculty!
ADHD talk very interesting! good conference given at the end of the week post-Irma! Good topics
Thank you! Useful
Lucia Novak excellent presentation. Informative and fun
Do not offer the pre-order food second to screw ups and cold food so $18 not worth the money. French fries cold. Choice of cold sub or salad going through a line would be easier and pay before conference or buffet and we all pay before. P.S. The location was better than the hotel valet parking issue. Still NACE is the best. Thank you!
Lunch should be provided. Thanks
Overall great topics, great location, great faculty as well as CC's. Thank you
Dr. Ferdinand is extremely intelligent and his lectures were incredibly informative and filled with useful clinical pearls. Mrs. Novak was very engaging and had an excellent lecture. Dr. Bhamidimarri explained Hep B treatment very well and I learned a lot more than I previously knew